04-15-05

PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form appropriate. All further corre indicated unless corrected be maintenance fee notifications.	spondence including the I	Patent, advance orde	ers and notific	cation of maintenance f	fees" w	rill be mailed to the curren	t correspondence address as	
CURRENT CORRESPONDENCE	Note: A certifica	ate of	mailing can only be used	for domestic mailings of the				
Ewin D Schindler Five Hirsch Avenue PO Box 966 Coram, NY 11727-0	OIPE APR 1420			Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. Exwice D. Schindler (Depositor's name)				
		TRADE	MAR	9000	77	Today	(Signature)	
		GINADE		April 14	1. 2	2005	(Date)	
APPLICATION NO.	FILING DATE	FII	NVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/743,206	03/15/2002	Dawood Pa					7267	
TITLE OF INVENTION: NON-INVASIVE MEASUREMENT OF BLOOD ANALYTES								
IDS w/37 C.F.R. 1.97(e)(1) Certificate Enclosed								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	!	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional]	XXX OV	\$1,400XX		\$0	\$1	,400@XXXX	04/25/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			า	
KREMER, MATTHEW J		3736		600-328000				
 Change of correspondence address or indication of "Fee Address" CFR 1.363). Change of correspondence address (or Change of Correspond Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
(A) NAME OF ASSIGNEE Edwards Lifesci	n assignee is identified be 7 CFR 3.11. Completion of 3 .ences	elow, no assignee da of this form is NOT a (B)	ata will appea a substitute fo RESIDENCE	r on the patent. If an are refiling an assignment.	R CO	4/18/2005 MBIZUNE2 00 17FC:1501	1400.00 gp	
Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 3d A check in the amount of the fee(s) is enclosed.								
Publication Fee (No sm	~	credit card. Form PTO						
				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $19-0450$ (enclose an extra copy of this form).				
5. Change in Entity Status (f		:)	_			LL ENTITY status. See 37 (
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Authorized Signature	Edward	Eliell	4	Date_	Apr	il 14, 2005		
Typed or printed name			 	_		No. 31,459		
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